

APPENDIX B

Definitions of Key Terms Related to OBQI

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Best Practices: Specific statements of clinical actions expected of staff in order to impact the problem or strength identified (problem/strength statement). These statements are patient focused, address specific assessments, treatment or service interventions, care planning, and documentation (but should not be limited to documentation); and indicate to staff the specific actions they are to take in indicated situations.

Case: A matched pair of OASIS assessments consisting of a start of care (SOC) or resumption of care (ROC) assessment and the corresponding discharge or transfer assessment.

Case Mix Report: A tabular document that provides average values for patient attributes at SOC/ROC. Comparative data are provided for either (1) agency case mix for a prior time period, (2) case mix for a reference sample of patients from other agencies, or (3) both of the above. These case mix differences are taken into consideration in producing risk-adjusted outcome reports.

End-Result Outcome: A change in patient health status, such as physiologic, functional, cognitive, emotional, or behavioral health, between two or more time points. Examples of end-result outcomes are: *Improvement in Ambulation/Locomotion* and *Stabilization in Bathing*.

Improvement Outcome: An outcome measure that assesses whether a specific health status attribute (such as transferring or dyspnea) improves between two specified time points, as measured by the specific scale. An improvement measure *cannot be computed* if the patient cannot possibly improve (i.e., the patient's health status is optimal for the attribute of interest at SOC/ROC).

Intervention Actions: Activities that the implementation team/agency will take to implement the best practices among staff, to ensure that staff understand the expected changes, and have the skills and processes in place to facilitate the implementation of those best practices. Included with the intervention actions are the start/finish times for each specific intervention action and the person(s) responsible for seeing that the specific activity is carried out.

Monitoring Approaches: Identifies how the action team will know that the activity has been implemented and the methods the team will use to determine if the staff learned the presented material or is implementing the changes presented. It is critical that monitoring approaches begin shortly after the intervention activity has been implemented (e.g., within two to four weeks), and plans should include how feedback regarding implementation will be shared with staff.

Outcome: A change in patient health status between two or more time points. Outcomes are changes that are intrinsic to the patient and can be positive, negative, or neutral changes in health status. Changes can be due to the care provided, natural progression of disease and disability, or both.

Outcome Analysis: The first phase of OBQI, consisting of collecting and analyzing OASIS data to produce outcome and case mix reports.

Outcome and Assessment Information Set (OASIS): A set of data items developed largely for purposes of measuring (and risk adjusting) patient outcomes in home health care. OASIS items include sociodemographic, physiologic and mental/behavioral/emotional health status, functional status, and service utilization information. Since the OASIS is used for measuring outcomes, most data items are obtained at start of care and follow-up time points (i.e., every 60 days and discharge). The OASIS is not a comprehensive assessment but is intended to be integrated into agency clinical record forms.

Outcome-Based Quality Improvement (OBQI): A two-stage continuous quality improvement approach, premised on the principle that patient outcomes are central to continuous quality improvement. The first stage, or the outcome analysis phase, begins with collecting and analyzing uniform patient health status data. This stage culminates with an outcome report that reflects agency performance by comparing the agency's outcomes to those of a reference group of patients (which could be patients from a prior period at the same agency). The second stage, or the outcome enhancement stage, consists of interpreting the outcome report and selecting target outcomes for follow up, then conducting an investigation to determine key care processes that influenced these target outcomes, culminating with the development and implementation of a plan of action to remedy substandard care practices or reinforce exemplary care practices. The effects of the plan of action are evaluated in the next outcome report.

Outcome Enhancement: The second phase of OBQI, consisting of selecting target outcome(s), investigating to determine key clinical actions that influenced the target outcome(s), and developing, implementing, and monitoring a plan of action to remedy substandard care practices or to reinforce exemplary care practices.

Outcome Measure: A quantification of a change in health status between two or more time points. In OBQI, outcome measures are computed utilizing OASIS data from SOC/ROC and from follow-up time points or discharge. Two common types of outcome measures used in OBQI pertain to improvement in or stabilization of a specific health status attribute.

Outcome Report: A graphical document that compares an agency's patient outcomes for a given time period to either (1) analogous agency-level outcomes for a prior time period, (2) outcomes for a reference sample of patients from other agencies, or (3) both of the above.

Plan of Action: A process to develop and implement, for a specific target outcome, a remedy to problems that are identified in the care delivery processes or to reinforce excellent care practices.

Problem or Strength Statement: A specific statement of the problematic (or exemplary) care provision issues to be addressed by the Plan of Action. Specific patient care issues (identified in the process-of-care investigation) are stated without explanation. The issues must be within the agency's control and should not be focused primarily on documentation.

Process-of-Care Investigation: The examination and analysis of care processes that produced the target outcome results.

Quality Improvement Team Members: All members of the Target Outcome Selection Team and the Care Process Action Team.

Remediation: Used to denote the plan developed in response to an unfavorable outcome result for the agency, compared to the reference group (or, after the first year, to the agency's performance in the prior year).

Reinforcement: Used to denote the plan developed in response to a favorable outcome result for the agency, compared to the reference group (or, after the first year, to the agency's performance in the prior year).

Risk Adjustment: A statistical technique that eliminates or minimizes the effects of risk-factor differences when comparisons are made between two samples of patients. Risk adjustment is necessary when two (or more) patient groups whose outcomes are being compared differ in terms of factors or patient characteristics that influence the outcomes. By controlling for differences between an agency's case mix and that of the reference sample, risk adjustment permits an "apples to apples" comparison of outcome results.

Risk Factor: A patient condition or circumstance that (positively or negatively) influences the likelihood of a patient attaining the outcome.

Stabilization Outcome: An outcome measure that assesses whether a specific health status attribute (such as transferring or grooming) does not worsen between two specified time points, as measured by the specific scale. A stabilization measure *cannot be computed* if the patient's health status is at the most severely impaired level at SOC/ROC (i.e., the patient cannot demonstrate worsening).

Target Outcome Selection Team: A team made up of members from varying disciplines which selects one or two target outcomes for outcome enhancement activities and provides guidance to the care process action team.

Target Outcome: The outcome measure that the home health agency selects to address in the Plan of Action, using specific criteria for selection.

Utilization Outcome: A type of health care utilization (or "non-utilization") that reflects (typically a substantial) change in patient health status over time. Examples of utilization outcomes are hospital admission, use of emergent care services, and discharge to the community.